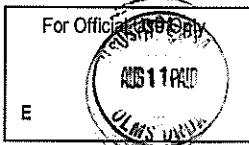


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5984</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>J</u> <u>Crouse</u> P.O. Box, Bldg., Room No., if any <u>Suite 200</u> Street <u>1750 New York Avenue NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-5395</u>	4. Name, file number, and address of labor organization. Name <u>International Association of Fire Fighters</u> Labor Organization File Number <u>000-317</u> P.O. Box, Building and Room Number, if any <u>Suite 200</u> Street <u>1750 New York Avenue NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-5395</u>
5. Position in labor organization. <u>Chief of Staff</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael J. Crouse On 7/13/2005 202 824-1504  
Date Telephone Number

Name of Person Filing <b>Michael Crouse</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**8. Name and address of Business (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

**9. Business deals with:**

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

**11.a. Nature of such dealing.**

Legal Services

**11.b. Approximate dollar value of such dealing.**

**12.a. Nature of interest held or income received.**

Dinner on 8/5; 10/6 and 12/18  
Holiday season gift

**12.b. Amount.**

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

**14.a. Nature of payment.**

**13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?**

**14.b. Amount of payment.**

Name of Person Filing Michael Crouse

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name SF&amp;C Insurance Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 101

Street 7400 York Road

City Towson

State Maryland ZIP Code + 4 21204

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IAFF Financial Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 New York Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20006

## 11.a. Nature of such dealing.

Insurance Broker

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner on 2/9

12.b. Amount.

\$100

Name of Person Filing Michael Crouse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="The Kelly Companies"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1701 Cabin Branch Road"/></p> <p>City <input type="text" value="Cheverly"/></p> <p>State <input type="text" value="Maryland"/> ZIP Code + 4 <input type="text" value="20785"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Printing and Convention Services"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$2,441,807"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="Dinner on 4/21"/></div> <p>12.b. Amount. <input type="text" value="\$100"/></p>

Name of Person Filing Michael Crouse

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Financial Innovations, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Weingeroff Blvd.

City Cranston

State Rhode Island

ZIP Code + 4 02910

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Advertising/Promotional Products

## 11.b. Approximate dollar value of such dealing.

\$1,013,095

## 12.a. Nature of interest held or income received.

Dinner on 7/24  
Concert tickets (2)  
Holiday Gift

## 12.b. Amount.

\$650

Name of Person Filing Michael Crouse

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Calvert Woodley

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4339 Connecticut Avenue NW

City Washington

State District of Columbia ZIP Code + 4 20008

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Purchase of holiday gifts for staff and business associates.

11.b. Approximate dollar value of such dealing.

\$15,500

## 12.a. Nature of interest held or income received.

Holiday gift

12.b. Amount.

\$75